OKANAGAN TRAINING & DEVELOPMENT COUNCIL (OTDC)

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For Official Use Only					
File Number					
Original Amendment	1	Amendment No.			

APPLICATION ATTACHMENTS QUESTIONNAIRE

♣ APPLICANT INFORMATION						♣ PROGRAM TYPE REQUESTED				
NAME:										
						COURSE/SEAT PURCHASE				
MAILING ADDRESS:						YOUTH/STUDENT DEVELOPMENT (Ages 29 or Less)				
CITY/TOWN: PROVINCE: POSTAL C		ODE:		WORKPLACE TRAINING		NING				
TEL:	EL: CELL/MESSAGES: FAX:				JOB DEVELOPMI (INDIVIDUAL &/or PRO					
EMAIL:					OTHER SPECIFY:					
♣ NAME OF TRAINING/	EMPLOYMEN	IT			_					
VIVAINIL OF TRAINING/	LIVII LOTIVILIV									
♣ LOCATION OF TRAINING/EMPLOYMENT ♣ DURATION				ION [I	[Hours/Days/Weeks/Months]					
						-				
				START DATE:			END DATE:			
4 What are the average	- d t	46.04!!! 6.0		fuero this t		/a.wa.w.l.a.v.wa.a.w.t				
1. What are the expect	ea outcomes	that will be	acmeved	from this t	raining	grempioyment	l f			
2. Explain the reason v	vhy you want	to take the	above-me	entioned tra	aining/	employment?				
Ouestionnaire March2020										

3.	How will it fit into your future employment goals?
4.	Explain what you know about the labour market related to the requested training/employment?
5.	What previous work and/or training experience do you have in this employment/career field?
6.	Are you prepared to relocate to wherever this type of career/work is available?
J.	— тео шио схрівні:
7.	Add any additional information that further explains your reason for requesting this training/employment?
	[Attach separate sheet, if needed]
	The above information provided is true and correct
	I understand that this information will be used to determine the funding support I am requesting DATE SIGNATURE DATE SIGNED
uestio	nnaire.March2020
	Application Form Consent for Release of Information Participant Information Exchange (PIE) Training Budget Section B
	Course Outline with Learning Outcome Evidence of Support from Employer (if paid leave from work)